

P06000034007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

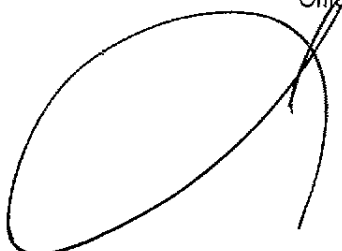
(Document Number)

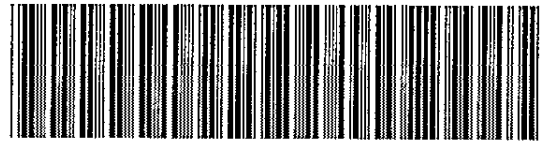
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Certificates of Status \_\_\_\_\_

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06 MAR - 8 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**ILLUMINANT DESIGN, INC.**

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**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy &  
Certificate of status

**FROM:       TIMOTHY ALLEN GREENE**

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**Name (Printed or typed)**

6670 LINO RD

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**Address**

NORTH PORT, FLORIDA 34287

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**City, State & Zip**

727-796-4504

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**Daytime Telephone number**

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:  
ILLUMINANT DESIGN, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:  
6670 LINO RD  
NORTH PORT, FL 34287

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
MANUFACTURE'S REPRESENTATIVE --- LIGHTING FIXTURES

## ARTICLE IV SHARES

The number of shares of stock is:  
100 SHARES COMMON STOCK

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address of the officer/director is:  
TIMOTHY ALLEN GREENE  
6670 LINO RD  
NORTH PORT, FL 34287

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent:  
6670 LINO RD  
NORTH PORT, FL 34287

*Timothy Allen Greene*

## ARTICLE VII INCORPORATOR

The name and address of the incorporator is:  
TIMOTHY ALLEN GREENE  
6670 LINO RD  
NORTH PORT, FL 34287

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

*Timothy Allen Greene*  
Signature/Registered Agent

*2-28-06*  
Date

*Timothy Allen Greene*  
Signature/Incorporator

*2-28-06*  
Date

FILED  
06 MAR - 8 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA